

Signature Page Subgrant Application for Montana Board of Crime Control	Grant No. :
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The officials who sign this document agree to adhere to all terms and conditions relating to this application. Duplication of responsibilities by one individual for any position listed below is NOT acceptable. Refer to the Subgrant Application Guidelines regarding signatures.

Original Signatures are Required

A. Official Budget Representative (City/County Commissioner, Mayor, Department Head, or President of Board of Directors)

Name	Title
Address	City/State/Zip
E-mail	Telephone
Date	Signature

B. Project Director

Name	Title
Address	City/State/Zip
E-mail	Telephone
Date	Signature

C. Financial Officer

Name	Title
Address	City/State/Zip
E-mail	Telephone
Date	Signature

D. Clerk/Clerk & Recorder (Cities and Counties Only)

Name	Title
Address	City/State/Zip
E-mail	Telephone
Date	Signature